

City of Bedford Recreation Department Registration Form

This form is used to register for all athletic and instructional programs offered by the City of Bedford Recreation Department. Please fill out the form completely and sign. Please provide a birth certificate copy if registering for any youth athletics program. Make checks payable to the <u>City of Bedford</u>.

<u>Participants</u>				
FullName	First	Middle (com	aloto)	Last
		` -		
Address	Street	City		Zip
				r
	Parents Work			
Parents Cell Phon				
E-mail Address				
Emergency Conta	ct Informat	tion _		
Name			Phone Ni	umber
ivame			1 none 100	
Name of Program	l			Cost
Did you participat	te last year	in this activity or	team sport	?
Team or coach's r	name if the	activity was a tea	m sport	
Please circle one:	City of E	Bedford Resident	В	edford County Resident
· ·			•	ne, phone number and sport you
and all injuries to pa City of Bedford Rec any and all injuries likewise assumed that program and that it i my permission to tra	te in said proparticipant. I reation Depart suffered or at said participant suffered suffered participant said said participant said said said said said said said said	hereby agree to independent of the timent, it's staff, it's caused by said parpant will wear the parent articipant to the near the near the parent articipant to the near the parent of the near the time to the near time to the near time to the near time to the near time time to the near time time time time time time time time	emnify and has successors a ticipant due to proper clothing or guardian to arest physician	id participant, I assume the risk of any nold harmless the City of Bedford, the and assigns from any and all claims for to participation in said activity. It is g and protective equipment during said to make sure the criteria is met. I grant in or hospital for medical treatment and when deemed necessary.
Signature of Pare	nt, Guardia	n or Adult Partic	ipant	Date
Receipt Number _				

REC001